

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001115

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 131

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. (If institution: Residence before admission) a. STATE Missouri b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kimbrough Nursing Home 519 Cherry		d. STREET ADDRESS (If outside, give location) 519 Cherry Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LUCINDA Middle GILBREATH Last GILBREATH		4. DATE OF DEATH Month January Day 21 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/17/1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and state or country) Iowa
13a. FATHER'S NAME Jesse Stoner		13b. MOTHER'S MAIDEN NAME Elizabeth Buck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT J.J. Gilbreath (Son) Springfield, Mo.		14. NAME OF HUSBAND OR WIFE Deceased	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular thrombosis with right hemiplegia DUE TO (b) Arteriosclerosis, generalized. DUE TO (c) [REDACTED] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [REDACTED]		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [REDACTED]	
20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED] Month, Day, Year [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [REDACTED]		20f. CITY, TOWN, OR LOCATION Springfield, Missouri	
21. I attended the deceased from 3-27-47 to 1/21/63 and last saw her alive on 1-18-63 Death occurred at 5:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Paul O. Marton M.D. (Signature or title)	
22b. ADDRESS 1630 N. Jefferson Springfield, Missouri		22c. DATE SIGNED 1-21-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/23/63	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 1-24-63	
26. REGISTRAR'S SIGNATURE Effie S. Mellon			

1hc

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Mal Rhodes

Licensed Embalmer No. 4071

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit 1-22-63